

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155542		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/15/2013	
NAME OF PROVIDER OR SUPPLIER CLOVERLEAF OF KNIGHTSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/06/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/15/13</p> <p>Facility Number: 000296 Provider Number: 155542 AIM Number: 100467820</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Cloverleaf of Knightsville was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original facility and two additions constructed prior to March 1, 2003 were surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a partial basement was surveyed as two separate buildings due to the construction dates of the facility. The original facility and two additions constructed prior to March 1, 2003 were determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors, spaces open to the corridors and resident rooms on A wing. Resident rooms on B and C Wing are equipped with battery powered smoke detectors. The</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155542	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/15/2013
NAME OF PROVIDER OR SUPPLIER CLOVERLEAF OF KNIGHTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	Continued From page 1 facility has the capacity for 102 and had a census of 90 at the time of this survey. All areas which the residents have customary access to were sprinklered. All areas providing facility services were sprinklered, except the detached laundry. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/16/13.	{K 000}			
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/06/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/15/13 Facility Number: 000296 Provider Number: 155542 AIM Number: 100467820 Surveyor: Bridget Brown, Life Safety Code Specialist At this PSR Code survey, Cloverleaf of Knightsville was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2006 addition was surveyed with Chapter 18, New Health Care Occupancies. The 2006 one story addition was determined to	{K 000}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155542	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/15/2013
NAME OF PROVIDER OR SUPPLIER CLOVERLEAF OF KNIGHTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	Continued From page 2 be of Type V (111) construction and fully sprinklered. The 2006 addition has a fire alarm system smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in resident rooms (C Wing). The facility has the capacity for 102 and had a census of 90 at the time of this survey. All areas which the residents have customary access to were sprinklered. All areas providing facility services were sprinklered, except the detached laundry.	{K 000}			